

FILED

8/17/2016

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS

RECEIVED

JUL 25 2016

DC

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

Aaron E. Jackson

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

Thomas Dart

c.c.D.o.c office (Strong) #16745

c.c.D.o.c office (Donnerman) #16486

c.c.D.o.c Sgt. Rocco

16-cv-7562

Judge Joan B. Gottschall

Magistrate Judge Geraldine Soat Brown
PC8

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:



COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

I. Plaintiff(s):

- A. Name: Aaron E. Jackson
- B. List all aliases: N/A
- C. Prisoner identification number: 20140713218
- D. Place of present confinement: Cook county Jail
- E. Address: P.O. Box 089002, Chicago, IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In **A** below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in **B** and **C**.)

- A. Defendant: Tomas Dart
- Title: Sheriff of Cook county Jail
- Place of Employment: Cook county Jail

- B. Defendant: Cook county Sheriff officer (J. Strong) ^{star # 16745}
- Title: Correctional officer
- Place of Employment: Cook county Jail

- C. Defendant: Cook County Sheriff officer (T. Donnerson) ^{star # 16486}
- Title: Correctional officer
- Place of Employment: Cook county Jail

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

(Continue Defendants)

D. Defendant: Sgt. Rocco

Title: Correctional officers

Place of employment: Cook County Jail

List all Lawsuits you (and your co-plaintiffs, if any) Have filed in any state or federal court in the United States:

A. Name of case and docket number: Aaron E. Jackson v. Officers Brylewski, etc... case no. 1:16-cv-5953

B. Approximate date of filing lawsuit: 6-6-16

C. List all plaintiffs (if you had co-plaintiffs), including any aliases: Aaron E. Jackson

D. List all defendants: Cook County, Tomas Bart, C.I.D.U.C. officers Brylewski, Bryan, Sergeant Sheehan, Commander Cozzolino, Officer Quintan

E. Court in which the lawsuit was filed (if federal court, Name the district; If state court name the county): United States district court, Northern district of Illinois.

F. Name of Judge to whom case was assigned: Jean M. Grottschall

G. Basic claim made: Sexual Assault & unreasonable search

H. Disposition of this case (for example: was the case dismissed was it appealed? is it still pending?): pending

I. Approximate date of disposition: pending.

III. List all Lawsuits you (and your co-plaintiffs, if any) Have filed in any state or federal court in the united states:

A. Name of case and Docket number: Aaron E. Jackson -VS- Cook County, et
Case NO: 16-cv-2029

B. Approximate date of filing lawsuit: 1-28-16

C. List all plaintiffs (if you had co-plaintiffs), including any aliases: Aaron E. Jackson

D. List all defendants: Cook County, Tomas Dart, Cook County Sheriff Officer Anderson.

E. Court in which the lawsuit was filed (if federal court, name the district; if state court name the county): Thomas G. Branton, United States District Court Northern District of Illinois

F. Name of Judge to whom a case was assigned: Joan B. Grottschall

G. Basic claim made: EXcessive Force

H. Disposition of this case (for example: was the case dismissed? was it appealed? is it still pending?): Pending

I. Approximate date of Disposition: Pending 7-8-16

2nd Law Suit

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: Aaron E. Jackson vs. Cook county, et al
Case No. 16cv00017
- B. Approximate date of filing lawsuit: 12-18-15
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: Aaron E. Jackson

- D. List all defendants: Cook county, Tomas Bart, Nurse Jane Doe,
Doctor John Doe, and Cook county Sheriff Officer John Doe.

- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): Thomas G. Bruton clerk U.S. District court.
- F. Name of judge to whom case was assigned: Joan B. Gottschall

- G. Basic claim made: Medical Neglect

- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Pending

- I. Approximate date of disposition: Pending

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

ON the date of 3/8/16, I was escorted to dispensary for taking the wrong medication, after getting my vitals check, and was cleared by the nurse, I ask could I get something to drink, because I felt dehydrated. The nurse then replied "no get out you don't need no water because that might activate the pills I taken. I then tried explaining to her that I really need some water. At that particular moment I felt myself being dragged from behind by my cuffs by someone, once I realize it was Officer Strong #16745, I ask him what's the problem for him to grab me so ruffly to which he stated, just bring your stupid ass on. (speaking verbatim) He then begin throwing me all around the place, causing my shoulder & face to bounce off the wall. I then tried to get my balance, because I was all over the place literally, but at this time another officer came by the name of Donnerson #16486 who took the opportunity to join his fellow officer with the excessive force by raising my arm over the capacity over my head causing bones to pop, and for me to be in excruciating pain ^{all the while}. I was cuffed to the back, I didn't show any signs of aggression, nor was I breaking any rules of the jail.

Revised 9/2007

Continue →

I was then placed in holding where I ~~told~~ Sergeant Rocco, that I needed Medical attention for my shoulder, but he responded that's not his problem ^{Denying} ~~discuss~~ me of the proper Medical Attention that was needed. I waited almost 2 hours in shackles in pain from the excessive force, before I was taken to Cermak to see a doctor for a X-Ray. I then sent ^{a letter to} Tomas Dart by U.S. mail complaining as to how his correctional officers failed to be professional with addressing this matter thoroughly. Now I have sharp pains in my shoulder where it hard for me to ~~operate~~ ^{operate} like I normally ~~was~~ ^{would}. This is a Violation to my 8th Amendment right to be protected from Cruel and unusual punishment, It also violated my 14th Amendment to have equal protection under the law. and for that reason alone All defendants are being sued in their own corporate, official & individual capacity for ~~being~~ deliberate indifference ^{to my Medical needs}, supervisory liability, failure to protect, ^{monetary damage for the} excessive force, suffer here in Cook County establishment, Mental & emotional distress, and Compensatory Damage, and would like for the court to feel just fair and appropriate with any other Damages that this court deem awardable.

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

^{To my medical needs}
Due to deliberate indifference, Negligence, Supervisory liability
failure to protect, excessive force, Mental & emotional distress
I ask that this court rule in my favor. I also would
like punitive damages, compensatory damages, Monetary damages
for the abuse suffered by this officers in Cook county Jail

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 4 day of 27, 2016

Aaron Jackson

(Signature of plaintiff or plaintiffs)

Aaron Jackson

(Print name)

20140713218

(I.D. Number)

P.O. Box 089007

Chicago, IL 60608

(Address)



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: _____
- ☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Jackson

PRINT - FIRST NAME (Primer Nombre):

Aaron

INMATE BOOKING NUMBER (# de identificación del detenido)

20140713218

DIVISION (División):

10

LIVING UNIT (Unidad):

15

DATE (Fecha):

3/9/16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is administratively determined to be processed as a non-grievance request, it will not be assigned a control #, nor can it be appealed or remedies exhausted, however, an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request, or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

3/8/16

TIME OF INCIDENT (Hora Del Incidente)

around 7:30pm

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

Dispensary

On the date of 3/8/16 I was escorted to dispensary for taking the wrong medication after getting my vitals check, I ask the nurse would it be alright to get something to drink because I was feeling dehydrated, to which she responded no get out, I then tried to reason with her again explaining to her that I really needed some water. Then out of no where I heard

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

I would like both officers relieved of their jobs and I would like to press charges against them and like for oph to investigate this matter

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

Mr. Camaras

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Aaron Jackson

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

CWO Tylor

SIGNATURE:

Tylor

DATE CRW/PLATOON COUNSELOR RECEIVED:

3-10-16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

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GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☐ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT: _____
☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Jackson

PRINT - FIRST NAME (Primer Nombre):

Aaron

INMATE BOOKING NUMBER (# de identificación del detenido)

20140718218

DIVISION (División):

10

LIVING UNIT (Unidad):

1D

DATE (Fecha):

3/9/14

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is administratively determined to be processed as a non-grievance request, it will not be assigned a control #, nor can it be appealed or remedies exhausted, however, an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request, or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

3/8/14

TIME OF INCIDENT (Hora Del Incidente)

7:30pm

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

Dispensary

Officer Strong budget #16745 Stat, Man bring your stupid ass on, then grab me from behind by my cuffs, and throw me against the wall aggressively over and over. I then tried to get my balance but was unsuccessful at doing so, because by this time officer strong held my arms position over my head to the point I heard bones cracking. I then started you hurting

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

I would like for both officer returned to their jobs and would like to press charges against both and would like for OPR to investigate this matter

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

Mr. S. Cameron

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Aaron Jackson

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECIEVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: _____
- ☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del detenido)

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
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- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

TIME OF INCIDENT (Hora Del Incidente)

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

My arm to which he said so what pussies, I don't like
your bitch ass any way, and throw my head up against the
wall again, by this time officer T. Donnerson #16486 came
in assistant, officer strong by using excessive force as well, before
rescued me to holding.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

I would like for both of them officer relieved of their jobs
as correctional officers, and I would like to press charges against
them as well.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE
DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS
INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT,
AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECIEVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso / Respuesta / Forma de Apelación)

☒ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)

CONTROL #

20162055

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

TACKSON

INMATE FIRST NAME (Primer Nombre):

AARON

ID Number (# de identificación):

20140713218

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

260 / Misconduct (Physical) SWORN STAFF

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW THIS INVOLVED COMMAND STAFF ABOUT ALLEGATION.

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

DATE REFERRED:

3 / 10 / 16

RESPONSE BY PERSONNEL HANDLING REFERRAL:

See attachment.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

Sgt. L. Hamerton

SIGNATURE:

Sgt. Lest

DIV. / DEPT.

I.S.

DATE:

3 / 10 / 16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE: _____☐ NON-GRIEVANCE SUBJECT CODE: _____

INMATE SIGNATURE (Firma del Preso):

Aaron Tackson

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

3 / 11 / 16

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido): 3 / 11 / 16

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

I would like to appeal the decision. Agreed that the officer who was used against me.

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Si)

☐

No

☒

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o su designado(a)):

Original Response to Stand.

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

J Mueller

SIGNATURE (Firma del Administrador o su Designado(a)):

J Mueller

DATE (Fecha):

3 / 16 / 16

INMATE SIGNATURE (Firma del Preso):

Aaron Tackson

DATE INMATE RECEIVED APPEAL RESPONSE:

(Fecha en que el Preso recibió respuesta a su apelación):

3 / 16 / 16



**SHERIFF'S OFFICE OF COOK COUNTY
OFFICE OF PROFESSIONAL REVIEW
COMPLAINT REGISTER**

Complainant Information	NAME (Last, First, M.I.): Jackson, Aaron, E		AGE: 25	DATE OF BIRTH: 10-18-90	HOME #: ()
	HOME ADDRESS: P.O. Box 089002		CITY: Chicago		WORK/OTHER #:
	STATE: IL	ZIP CODE: 60608	STATE I.D./D.L. #: JL		STATE OF ISSUANCE:

I HAVE BEEN NOTIFIED THAT, PURSUANT TO 50 ILCS 725/3.8(b), ANYONE FILING A COMPLAINT AGAINST A SWORN PEACE OFFICER MUST HAVE THE COMPLAINT SUPPORTED BY A SWORN AFFIDAVIT.

Complainant Information	DATE OF INCIDENT: 3-8-16	TIME OF INCIDENT: around 8:30 pm
	LOCATION OF INCIDENT: Div 10 1D	
	PROVIDE NAMES, BADGE NUMBERS, SQUAD NUMBER or LICENSE PLATE, and/or PHYSICAL DESCRIPTION OF THE OFFICER AGAINST WHOM YOU WISH TO FILE A COMPLAINT: Strong #16745 & officer Donnerson #16486	

Witnesses	ARE THERE ANY WITNESSES YOU WISH TO BE CONTACTED DURING THE INVESTIGATION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE CONTACT INFORMATION.		
	NAME	ADDRESS/CITY/STATE/ZIP	HOME PHONE #
	Aaron Jackson 20140713218	P.O. Box 089002 Chicago, IL 60608	

Narrative	PROVIDE A FULL DETAILED ACCOUNT OF YOUR COMPLAINT AND THE NATURE OF THE INCIDENT.
	<p>On the above date of the incident I was escorted to dispensary because I took the wrong medication, once I got my vital check and everything was fine I ask the nurse would it be alright for me to get a drink of water, to which she replied no get out, I then tried to reason with her, explaining to her that I really needed some water, because I was feeling dehydrated. out of no where I felt someone grab me aggressively from behind throwing me around. Once I notice the person ^{who was} responsible for the excessive force being used against</p>

☒ CONTINUED ON REVERSE

FOR OFFICE USE ONLY
DATE COMPLAINT RECEIVED: _____

RECEIVED BY: _____

IAD/IG #: _____

Complaint Narrative (Continued)

Me, I ask him what I do to which he stated bring your stupid ass on she said you can't get no water. All the while I was cuff behind my back, Not showing any signs of Aggression toward him to be treated harshly as he was throwing me all around up against walls. He then took my arms rising it beyond the capacity over my head while I was still cuff behind my back cracking bones, and hurting me ~~severely~~ severely with the help of another officers by the name of dunneron #16468 who assisted him with the attack. I was then escorted to holding, where I ~~explain~~ ^{would} explain to Sgt. Reed star # 3728 or 3228 that I was in pain, and like to get ^{some} Medical Attention for my shoulder, but he stated that's not his problem; I waited almost 45 min shackled in pain from the excessive force the officers use against me, before I saw a doctor in Cermak who gave me X-Ray the next morning.

PLEASE BE AWARE THAT IF YOU ALLEGE INJURIES AS A RESULT OF THIS INCIDENT, DUE TO FEDERAL PRIVACY LAWS ON THE RELEASE OF MEDICAL RECORDS, YOU MUST PROVIDE COPIES OF YOUR RELEVANT MEDICAL RECORDS REGARDING ANY EXAMINATION OR TREATMENT TO THE SHERIFF'S OFFICE INVESTIGATING UNIT TO BE MADE PART OF THE INVESTIGATION.

I have read this statement that I have voluntarily made, consisting of 1 pages, and I solemnly swear that the facts and allegations contained within are true and correct to the best of my knowledge. Aaron Jackson

(Print Name)

Complainant's Signature: Aaron Jackson

Date: 8-8-16

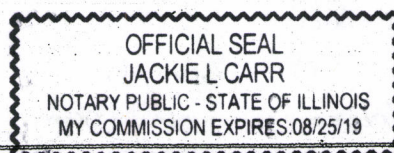
State of Illinois)
County of Cook)

Signed and sworn to before me on 4-8-16 by Aaron Jackson

(date)

(name of person making statement)

(notary seal)



Jackie L. Carr
(signature of notary public)

A person commits PERJURY when, under oath or affirmation, in a proceeding or in any matter where by law such oath or affirmation is required, he makes a false statement, material to the issue or point in question, which he does not believe to be true. **PERJURY IS A CLASS 3 FELONY.**

Please mail your completed, signed and notarized, complaint form to:

Cook County Sheriff's Office of Professional Review
3026 S. California
Chicago, IL 60603

Inmate Grievance Number: **20162055**

Your allegation(s) have been forwarded to the Offices of Professional Review and Divisional Superintendent for review and/or investigation.

You may follow-up with the Office of Professional Review by contacting their office directly *or* submitting an inmate request form, to speak with the Divisional Superintendent.

Office of Professional Review
3026 S. California Ave
Building 4 / 4th floor
Chicago, Illinois 60608

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